

| POSITION                  | INITIALS | ID NO. | DATE                           |
|---------------------------|----------|--------|--------------------------------|
| FEE DETERMINATION         |          |        |                                |
| O.I.P.E. CLASSIFIER       |          |        |                                |
| FORMALITY REVIEW          | S.B      | 895    | 10-2-12<br>2-17-02<br>02-20-02 |
| RESPONSE FORMALITY REVIEW |          |        |                                |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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